

NOVI HIGH SCHOOL

PEER TO PEER

APPLICATION

Name _____

Grade you will be in next year (circle): 10 11 12

Counselor (circle): Boedeker Lephart Tobis Sergison Zelinski

Please state below why you feel you would be a positive asset to the Peer to Peer class and why you want to be a peer.

~Students need to acquire two teacher recommendations to be considered for enrollment into Peer to Peer.

Teacher Recommendations:

I believe the student filling out this application is a trustworthy, honest, mature, and is a hardworking individual who shows initiative and would be a positive addition to the class.

1. Teacher Signature _____ Date _____

2. Teacher Signature _____ Date _____

Students will be accepted based on teacher recommendations. An application must be turned in to be accepted.

APPLICATIONS DUE to Mrs. Mientkiewicz or Mrs. Squires by Friday, February 15.